



RIGHT CARE INITIATIVE *Clinical Quality Improvement Leadership Collaborative*

2011 California Statewide Goals—Preventing Strokes, Heart Attacks, and Hospital Acquired Infections

Achieve National HEDIS 90th Percentile Targets:

- 73%** of hypertensive patients with **blood pressure** controlled: <140/90 mm Hg
- 70%** of patients with cardiovascular conditions with **lipids** controlled: LDL-C < 100 mg/dL
- 70%** of diabetic patients with **blood sugar** controlled: HbA1c < 8
- 55%** of diabetic patients with **lipids** controlled: LDL-C < 100 mg/dL

Reduce Hospital Acquired Infections:

- Median of zero central line infections
- Significantly reduce infections designated by the Right Care Initiative work group

San Diego Demonstration Goals:

- Heart attack and stroke prevention focused on heart disease, hypertension and diabetes patients through **lipid, blood pressure and blood sugar management**
- Right Care will support medical directors of San Diego via its “University of Best Practices” luncheon series

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Key Partners: This collaborative, expert-based, public-private, multi-year effort draws on the leadership from key partners.

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| • CA Dept. of Managed Health Care | • American Diabetes Association | • Integrated Healthcare Association |
| • CA health plans and medical groups | • American Heart/Stroke Association | • Pacific Business Group on Health |
| • CA Chronic Care Coalition | • CA Hospital Association | • Ralphs Grocery Company |
| • University of California | • CA Medical Association Foundation | • Pharmaceutical Companies |
| • RAND | • CA Pharmacy Foundation | • San Diego Medical Society Foundation |
| • Stanford University | • CA Quality Collaborative | • Office of the Patient Advocate |
| • American College of Cardiology | • Veteran's Affairs, SD Medical Center | • Our colleagues in public health |

Objective: Measurably improve patient outcomes through enhanced practice of patient-centered, evidence-based medicine.

The Right Care Initiative's goal is to apply scientific evidence and outcomes improvement strategies to reduce morbidity and mortality among California's 15 million commercial managed health plan enrollees. Data from NCQA, The Integrated Health Care Association, the Agency for Health Care Quality and Research, the Commonwealth Foundation, and the Centers for Disease Control indicate three trouble spots where evidence-based patient management and clinical quality improvement will significantly enhance and save lives:

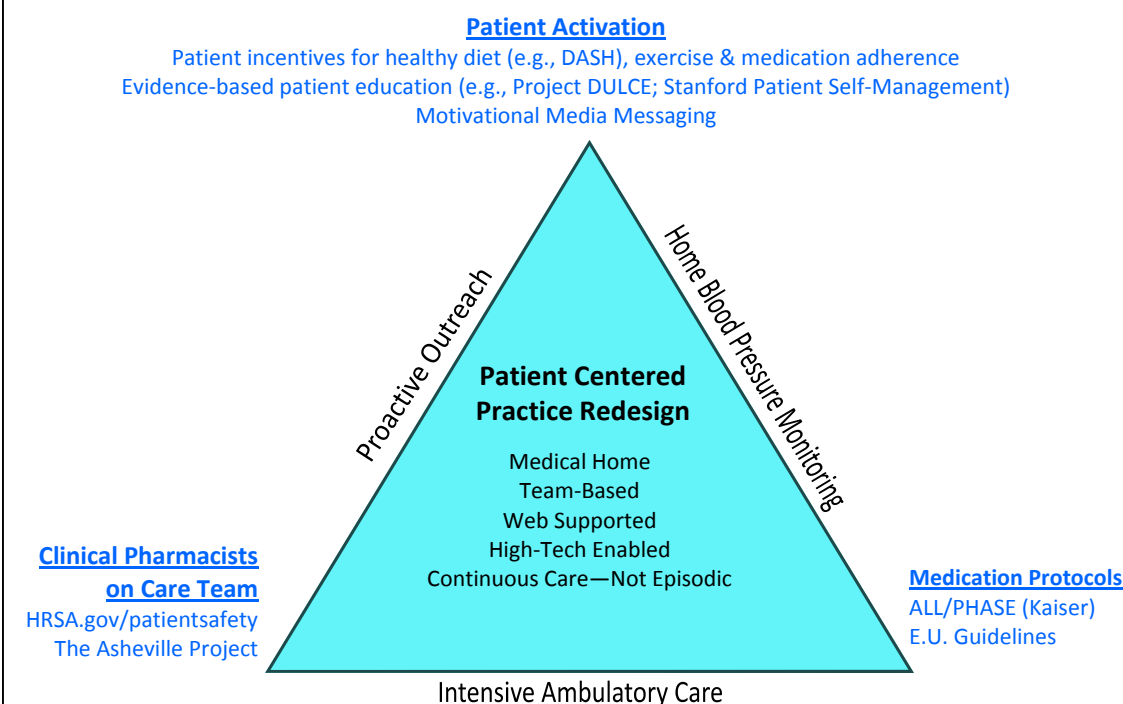
- **Cardiovascular disease**, with particular emphasis on hypertension,
- **Diabetes**, with particular emphasis on heart attack and stroke prevention,
- **Hospital acquired infections.**

Background: NCQA estimates that improving California's cardiovascular disease and diabetes measures to the national HEDIS 90th percentile could annually save 1,694 to 2,818 lives in California. These improvements would also avoid \$118 million in yearly hospital costs, 766,401 sick days and \$125.56 million in lost productivity. Additionally, hospital acquired infections are mostly preventable but kill an estimated 10,000 Californians per year. Heart disease, hypertension, diabetes, and prevention of hospital acquired infections are increasingly well understood scientifically and ripe for best practices collaboration. This project will improve the lives of tens of thousands of California enrollees by catalyzing the work of experts and evidence-based interventions, like the successful “100,000 Lives” national campaign for reducing medical errors. (see over)



Implementation Action and Goals: DMHC launched the Right Care Initiative with NCQA and the Deans of UC Berkeley and UCLA Schools of Public Health in March 2008 at the first annual Clinical Quality Improvement Leadership Summit. Since then, five summits have been held. The June 2010 summit initiated a **community focused effort in San Diego centered on the Right Care Initiative goals of preventing heart attacks and strokes**. Thanks to an NIH GO grant, the Right Care Initiative has a special opportunity in San Diego to launch intensive efforts toward quickly achieving national 90th percentile HEDIS hypertension and cardiovascular disease performance targets, through technical assistance to the medical groups supported by comparative effectiveness research. Each Right Care Initiative gathering is a collaborative effort with the community, leading health plan and medical group directors, as well as thought leaders in evidence-based medicine. Through periodic meetings, research, quality improvement support for medical groups, and collaborative action, the Right Care Initiative **statewide goal** is to reach the 90th percentile in heart and diabetes HEDIS control measures of blood pressure, lipids, and glucose, and to cut the rate of death from hospital acquired infections.

Promising Interventions to Reach HEDIS Control Targets for Heart Attack and Stroke Prevention



Research Questions:

- What are the most promising interventions for quickly bringing patients into safe control?
- What barriers are preventing improvement, and what are the best strategies for overcoming them?
- What are the best strategies for California to expedite a focused re-engineering effort to refine the implementation of evidence-based medicine to quickly meet these goals that are estimated to save thousands of lives annually?
- What strategies are needed to improve clinical outcomes in light of health disparities in California's diverse population?

State-Wide Right Care Technical Expert Steering Committee Chair, Vice-Chair, and Founding Principal Investigator:

Stephen Shortell, PhD, MPH, Professor and Dean, University of California, Berkeley, School of Public Health
 Carol Mangione, MD, MSPH, Professor of Medicine & Public Health and practicing physician, UCLA Schools of Public Health & Medicine
 Robert Kaplan, PhD, Associate Director for Behavioral Sciences Research, National Institutes of Health

San Diego Demonstration Project Steering Committee:

Anthony DeMaria, MD, Chair; Judith and Jack White Chair in Cardiology and Director, UCSD Sulpizio Family Cardiovascular Center; Editor-in-Chief, Journal of American College of Cardiology

Judith and Jack White, Co-Chairs; San Diego Heart Attack and Stroke Prevention Champions

Jim Dudl, MD, First Vice-Chair; Clinical Lead, Care Management Institute, Kaiser Permanente and practicing endocrinologist

James Dunford, MD, Second Vice-Chair; City of San Diego Medical Director; President, Greater San Diego American Heart Association

Cardiovascular Disease and Diabetes Principal Investigators:

Carol Mangione, MD, MSPH, Professor of Medicine & Public Health and practicing physician, UCLA Schools of Public Health & Medicine

Allen Fremont, MD, PhD, RAND, Action Consortium to Accelerate Change

Susan L. Ivey, MD, MHSA, Director of Research, Health Research for Action, UC Berkeley

Funding:

This project has been made possible by the generosity of the following supporters: Judith and Jack White, Johnson & Johnson, the National Institutes of Health, the California Office of the Patient Advocate, Blue Shield of California Foundation (HAI), the California Health Care Foundation ("hot spot" identification), Novartis, and Sanofi Pasteur. This funding enables UC, RAND, and the California Chronic Care Coalition to provide external support for meeting the Right Care Initiative goals.

Right Care Initiative: <http://www.rightcare.dmhc.ca.gov>

California Office of the Patient Advocate, Medical Group Ratings by County and Meeting National Standards of Care:

http://opa.ca.gov/report_card/medicalgroupcounty.aspx